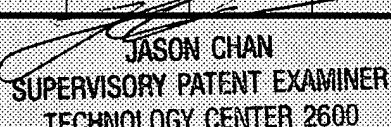
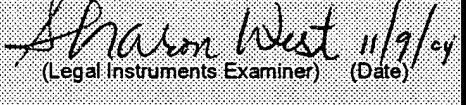
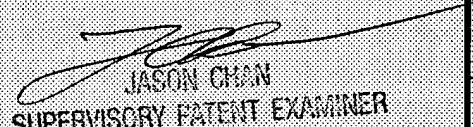


<b>Issue Classification</b> 	Application No.	Applicant(s)
	09/883,085	MALEKI, ET AL.
	Examiner	Art Unit
	David C. Payne	2633

ORIGINAL				CROSS REFERENCE(S)							
CLASS	SUBCLASS	CLASS		SUBCLASS (ONE SUBCLASS PER BLOCK)							
398	183										
INTERNATIONAL CLASSIFICATION											
G	0	2	B	6/26							
				/							
				/							
				/							
				/							
 (David C. Payne) (Date) 10/27/02				 JASON CHAN SUPERVISORY PATENT EXAMINER TECHNOLOGY CENTER 2600				Total Claims Allowed: 54			
 (Jason West) (Date) 11/9/02				(Primary Examiner) (Date)				O.G. Print Claim(s)		O.G. Print Fig.	

<input checked="" type="checkbox"/> Claims renumbered in the same order as presented by applicant		<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47	
1	1	Final	Original	Final	Original	Final	Original
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3	3	32	32	62	92	122	152
4	4	33	33	63	93	123	153
5	5	34	34	64	94	124	154
6	6	35	35	65	95	125	155
7	7	36	36	66	96	126	156
8	8	37	37	67	97	127	157
9	9	38	38	68	98	128	158
10	10	39	39	69	99	129	159
11	11	40	40	70	100	130	160
12	12	41	41	71	101	131	161
13	13	42	42	72	102	132	162
14	14	43	43	73	103	133	163
15	15	44	44	74	104	134	164
16	16	45	45	75	105	135	165
17	17	46	46	76	106	136	166
18	18	47	47	77	107	137	167
19	19	48	48	78	108	138	168
20	20	49	49	79	109	139	169
21	21	50	50	80	110	140	170
22	22	51	51	81	111	141	171
23	23	52	52	82	112	142	172
24	24	53	53	83	113	143	173
25	25	54	54	84	114	144	174
26	26	55		85	115	145	175
27	27	56		86	116	146	176
28	28	57		87	117	147	177
29	29	58		88	118	148	178
30	30	59		89	119	149	179
		60		90	120	150	180

<b>Issue Classification</b> 	Application No.	Applicant(s)
	09/883,085	MALEKI, ET AL.
	Examiner	Art Unit
	David C. Payne	2633

ISSUE CLASSIFICATION			
ORIGINAL		CROSS REFERENCE(S)	
CLASS	SUBCLASS	CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)
398	183		
INTERNATIONAL CLASSIFICATION			
G	0	2	B 6/26
			/
			/
			/
			/
(Assistant Examiner) (Date)		 JASON CRAM SUPERVISORY PATENT EXAMINER TECHNOLOGY CENTER 2200 (Primary Examiner) (Date)	
(Legal Instruments Examiner) (Date)		Total Claims Allowed:  O.G. Print Claim(s)      O.G. Print Fig.	

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant		<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47	
Final	Original	Final	Original	Final	Original	Final	Original
1	1	31	31	61	91	121	151
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6	6	36	36	66	96	126	156
7	7	37	37	67	97	127	157
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12	12	42	42	72	102	132	162
13	13	43	43	73	103	133	163
14	14	44	44	74	104	134	164
15	15	45	45	75	105	135	165
16	16	46	46	76	106	136	166
17	17	47	47	77	107	137	167
18	18	48	48	78	108	138	168
19	19	49	49	79	109	139	169
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26	26	56		86	116	146	176
27	27	57		87	117	147	177
28	28	58		88	118	148	178
29	29	59		89	119	149	179
30	30	60		90	120	150	180